

Case Number:	CM15-0198603		
Date Assigned:	10/14/2015	Date of Injury:	12/10/2010
Decision Date:	11/20/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/09/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Minnesota
 Certification(s)/Specialty: Chiropractor

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 43-year-old male, who sustained an industrial injury on 12-10-2010. The injured worker was diagnosed as having failed right knee surgery (2011), right foot strain, left foot strain, and lumbar spine disc bulge. Treatment to date has included diagnostics, right knee surgery, chiropractic (6 sessions in December per progress report dated 7-29-2015), and medications. Many documents within the submitted medical records were handwritten and difficult to decipher, including the progress report dated 9-02-2015. Currently (9-02-2015), the injured worker complains of pain in his neck, upper and lower back, left elbow, bilateral knees, and bilateral feet. Pain was not numerically rated on this date. He remained off work. Physical exam noted painful range of motion in the lumbar spine and bilateral knees. A specified examination regarding the right knee was not documented. It was documented that he "had no therapy since December of last year". It was documented that he was not getting Norco anymore and Gabapentin was not helping him. His current medication regimen was not documented. The treatment plan included chiropractic therapy for the right knee, 1x6, non-certified by Utilization Review on 9-15-2015.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Chiropractic therapy, 1 time a week for 6 weeks, right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the knee is not recommended. The doctor requested chiropractic therapy 1 time per week for 6 weeks to the right knee. The request for treatment to the right knee is not recommended according to the above guidelines and therefore the treatment is not medically necessary and appropriate.